

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joseph Torczak
 Name
 (2) 1632 Meridian Ave Apt 312
 Address (number and street)
Miami Beach, FL 33139
 City, State, Zip Code

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CITY CLERK'S OFFICE

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: City of MB Comm. Group IV

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 08 / 01 / 15 To 08 / 31 / 15 Report Type: MR

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 56.00

Loans \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 56.00

In-Kind \$ _____, _____, 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 56.00

Transfers to Office Account \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 56.00

(8) Other Distributions

\$ _____, _____, 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 566.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 456.00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name)

Joseph Torczak

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X

Joseph Torczak

Signature

(Type name)

Joseph Torczak

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Joseph Torczak

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name X Joseph Joseph (2) I.D. Number _____
 (3) Cover Period 08, 01, 15 through 08, 31, 15 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number						
08, 15, 15	David Kelley 327 Jefferson Ave #4 MB, FL 33139	I	Entrep	CAS		\$20
1						
08, 15, 15	Mark Wade Homeless	I	## Entrep	CAS		\$5
2						
08, 15, 15	Gene Rubio Homeless	I	Entrep	CAS		\$10
3						
08, 15, 15	Al Basha 1533 Washington Ave MB, FL 33139	B	Restaurant	CAS		\$21
4						
1						
1						
1						

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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Joseph Joseph (2) I.D. Number _____
 (3) Cover Period 08, 01, 15 through 08, 31, 15 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
08/15/15 1	Lead PR 3245 NW 36th St Miami, FL 33166	Management	CHE		\$56
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